

Stand-Alone Dental Insurance Premiums Approved for Plans in 2015
COLORADO DIVISION OF INSURANCE

Market: Small Group (SHOP)
Age: 0-20 year old

ON EXCHANGE	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
	Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company/Plan	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Delta Dental of Colorado																		
High																		
Delta Dental Family Summit Plan	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00	\$26.00
Delta Dental Family Mesa Plan	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Rocky Mountain Hospital and Medical Service (Anthem)																		
High																		
Anthem Dental Family Enhanced	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53
Low																		
Anthem Dental Family	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22

Market: Small Group (SHOP)
Age: 40 year old

ON EXCHANGE	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
	Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company/Plan	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Delta Dental of Colorado																		
High																		
Delta Dental Family Summit Plan	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35	\$32.35
Delta Dental Family Mesa Plan	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75	\$17.75
Rocky Mountain Hospital and Medical Service (Anthem)																		
High																		
Anthem Dental Family Enhanced	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47
Low																		
Anthem Dental Family	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73



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ON & OFF EXCHANGE (BOTH)	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
	Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company/Plan	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Dentegra Insurance Company																		
High																		
Dentegra Dental PPO for Small Businesses Family Preferred Plan	\$28.03	\$28.03	\$27.89	\$27.89	\$29.24	\$29.24	\$26.90	\$26.90	\$25.99	\$25.99	\$26.90	\$26.90	\$27.79	\$27.79	\$26.50	\$26.50	\$26.03	\$26.03
Low																		
Dentegra Dental PPO for Small Businesses Family Basic Plan	\$22.11	\$22.11	\$22.00	\$22.00	\$23.06	\$23.06	\$21.22	\$21.22	\$20.50	\$20.50	\$21.22	\$21.22	\$21.92	\$21.92	\$20.90	\$20.90	\$20.54	\$20.54
Dentegra Dental PPO for Small Businesses Pediatric Basic Plan	\$22.11	\$22.11	\$22.00	\$22.00	\$23.06	\$23.06	\$21.22	\$21.22	\$20.50	\$20.50	\$21.22	\$21.22	\$21.92	\$21.92	\$20.90	\$20.90	\$20.54	\$20.54
Metropolitan Life Insurance Company																		
High																		
Family Enhanced Dental Plan (High)	\$30.88	\$30.88	\$30.15	\$30.15	\$29.68	\$29.68	\$27.41	\$27.41	\$28.87	\$28.87	\$28.44	\$28.44	\$30.03	\$30.03	\$30.04	\$30.04	\$31.83	\$31.83
Low																		
Family Basic Dental Plan (Low)	\$24.32	\$24.32	\$24.04	\$24.04	\$23.55	\$23.55	\$21.60	\$21.60	\$22.59	\$22.59	\$22.49	\$22.49	\$23.98	\$23.98	\$23.81	\$23.81	\$25.00	\$25.00
The Guardian Life Insurance Company of America																		
High																		
Guardian Family Advantage	\$31.83	\$31.83	\$31.89	\$31.89	\$31.45	\$31.45	\$29.10	\$29.10	\$29.72	\$29.72	\$29.10	\$29.10	\$29.72	\$29.72	\$29.80	\$29.80	\$29.51	\$29.51
Low																		
Guardian Family Essentials	\$23.18	\$23.18	\$23.23	\$23.23	\$22.88	\$22.88	\$21.02	\$21.02	\$21.51	\$21.51	\$21.02	\$21.02	\$21.51	\$21.51	\$21.57	\$21.57	\$21.34	\$21.34

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ON & OFF EXCHANGE (BOTH)	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
	Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company/Plan	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Dentegra Insurance Company																		
High																		
Dentegra Dental PPO for Small Businesses Family Preferred Plan	\$50.12	\$50.12	\$49.87	\$49.87	\$52.28	\$52.28	\$48.09	\$48.09	\$46.48	\$46.48	\$48.09	\$48.09	\$49.68	\$49.68	\$47.38	\$47.38	\$46.55	\$46.55
Low																		
Dentegra Dental PPO for Small Businesses Family Basic Plan	\$22.38	\$22.38	\$22.27	\$22.27	\$23.34	\$23.34	\$21.48	\$21.48	\$20.75	\$20.75	\$21.48	\$21.48	\$22.19	\$22.19	\$21.16	\$21.16	\$20.79	\$20.79
Dentegra Dental PPO for Small Businesses Pediatric Basic Plan	\$22.11	\$22.11	\$22.00	\$22.00	\$23.06	\$23.06	\$21.22	\$21.22	\$20.50	\$20.50	\$21.22	\$21.22	\$21.92	\$21.92	\$20.90	\$20.90	\$20.54	\$20.54
Metropolitan Life Insurance Company																		
High																		
Family Enhanced Dental Plan (High)	\$30.88	\$30.88	\$30.15	\$30.15	\$29.68	\$29.68	\$27.41	\$27.41	\$28.87	\$28.87	\$28.44	\$28.44	\$30.03	\$30.03	\$30.04	\$30.04	\$31.83	\$31.83
Low																		
Family Basic Dental Plan (Low)	\$24.32	\$24.32	\$24.04	\$24.04	\$23.55	\$23.55	\$21.60	\$21.60	\$22.59	\$22.59	\$22.49	\$22.49	\$23.98	\$23.98	\$23.81	\$23.81	\$25.00	\$25.00
The Guardian Life Insurance Company of America																		
High																		
Guardian Family Advantage	\$33.29	\$33.29	\$33.36	\$33.36	\$32.89	\$32.89	\$30.30	\$30.30	\$30.98	\$30.98	\$30.30	\$30.30	\$30.98	\$30.98	\$31.07	\$31.07	\$30.75	\$30.75
Low																		
Guardian Family Essentials	\$22.81	\$22.81	\$22.86	\$22.86	\$22.54	\$22.54	\$20.76	\$20.76	\$21.23	\$21.23	\$20.76	\$20.76	\$21.23	\$21.23	\$21.29	\$21.29	\$21.07	\$21.07



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Off Exchange Company/ Plan		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
		Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
		Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Ace American Insurance Company																			
High																			
PPO MAC		\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45	\$23.45
Low																			
PPO MAC		\$17.85	\$17.85	\$17.85	\$17.85	\$17.85	\$17.85	\$17.85	\$17.85	\$17.85	\$17.85	\$17.85	\$17.85	\$16.41	\$16.41	\$16.41	\$16.41	\$16.41	\$16.41
Ameritas Life Insurance Corp																			
High																			
EHB High Passive		\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77	\$29.77
EHB High PPO		\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78	\$27.78
Low																			
EHB Low Passive		\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76	\$14.76
EHB Low PPO		\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
Companion Life Insurance Company																			
High																			
Group Pediatric Dental EHB Rider		\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98	\$33.98
Group Pediatric Dental EHB Policy		\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04	\$43.04
Low																			
Group Pediatric Dental EHB Rider		\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80	\$27.80
Group Pediatric Dental EHB Policy		\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13	\$35.13
Delta Dental of Colorado																			
High																			
Small Group Plan 1-C 1000		\$23.50	\$23.50	\$22.09	\$22.09	\$23.50	\$23.50	\$22.09	\$22.09	\$19.03	\$19.03	\$19.03	\$19.03	\$19.03	\$19.03	\$22.09	\$22.09	\$19.03	\$19.03
Small Group Plan 1-C 1500		\$23.08	\$23.08	\$21.70	\$21.70	\$23.08	\$23.08	\$21.70	\$21.70	\$18.70	\$18.70	\$18.70	\$18.70	\$18.70	\$18.70	\$21.70	\$21.70	\$18.70	\$18.70
Small Group Plan 1-C 2000		\$22.93	\$22.93	\$21.55	\$21.55	\$22.93	\$22.93	\$21.55	\$21.55	\$18.57	\$18.57	\$18.57	\$18.57	\$18.57	\$18.57	\$21.55	\$21.55	\$18.57	\$18.57
Small Group Plan 1-C 1000 Ortho		\$29.28	\$29.28	\$27.52	\$27.52	\$29.28	\$29.28	\$27.52	\$27.52	\$23.72	\$23.72	\$23.72	\$23.72	\$23.72	\$23.72	\$27.52	\$27.52	\$23.72	\$23.72
Small Group Plan 1-C 1500 Ortho		\$28.87	\$28.87	\$27.14	\$27.14	\$28.87	\$28.87	\$27.14	\$27.14	\$23.38	\$23.38	\$23.38	\$23.38	\$23.38	\$23.38	\$27.14	\$27.14	\$23.38	\$23.38
Small Group Plan 1-C 2000 Ortho		\$28.71	\$28.71	\$26.99	\$26.99	\$28.71	\$28.71	\$26.99	\$26.99	\$23.26	\$23.26	\$23.26	\$23.26	\$23.26	\$23.26	\$26.99	\$26.99	\$23.26	\$23.26
Small Group Plan 3-C 1000		\$32.44	\$32.44	\$30.49	\$30.49	\$32.44	\$32.44	\$30.49	\$30.49	\$26.27	\$26.27	\$26.27	\$26.27	\$26.27	\$26.27	\$30.49	\$30.49	\$26.27	\$26.27
Small Group Plan 3-C 1500		\$31.81	\$31.81	\$29.90	\$29.90	\$31.81	\$31.81	\$29.90	\$29.90	\$25.76	\$25.76	\$25.76	\$25.76	\$25.76	\$25.76	\$29.90	\$29.90	\$25.76	\$25.76
Small Group Plan 3-C 2000		\$31.37	\$31.37	\$29.49	\$29.49	\$31.37	\$31.37	\$29.49	\$29.49	\$25.41	\$25.41	\$25.41	\$25.41	\$25.41	\$25.41	\$29.49	\$29.49	\$25.41	\$25.41
Small Group Plan 3-C 1000 Ortho		\$38.22	\$38.22	\$35.93	\$35.93	\$38.22	\$38.22	\$35.93	\$35.93	\$30.96	\$30.96	\$30.96	\$30.96	\$30.96	\$30.96	\$35.93	\$35.93	\$30.96	\$30.96
Small Group Plan 3-C 1500 Ortho		\$37.59	\$37.59	\$35.34	\$35.34	\$37.59	\$37.59	\$35.34	\$35.34	\$30.45	\$30.45	\$30.45	\$30.45	\$30.45	\$30.45	\$35.34	\$35.34	\$30.45	\$30.45
Small Group Plan 3-C 2000 Ortho		\$37.15	\$37.15	\$34.92	\$34.92	\$37.15	\$37.15	\$34.92	\$34.92	\$30.09	\$30.09	\$30.09	\$30.09	\$30.09	\$30.09	\$34.92	\$34.92	\$30.09	\$30.09
Small Group Plan 1-V 1000		\$20.39	\$20.39	\$19.17	\$19.17	\$20.39	\$20.39	\$19.17	\$19.17	\$16.52	\$16.52	\$16.52	\$16.52	\$16.52	\$16.52	\$19.17	\$19.17	\$16.52	\$16.52
Small Group Plan 1-V 1500		\$20.55	\$20.55	\$19.32	\$19.32	\$20.55	\$20.55	\$19.32	\$19.32	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65	\$16.65	\$19.32	\$19.32	\$16.65	\$16.65
Small Group Plan 1-V 2000		\$20.58	\$20.58	\$19.35	\$19.35	\$20.58	\$20.58	\$19.35	\$19.35	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$16.67	\$19.35	\$19.35	\$16.67	\$16.67
Small Group Plan 1-V 1000 Ortho		\$26.18	\$26.18	\$24.60	\$24.60	\$26.18	\$26.18	\$24.60	\$24.60	\$21.20	\$21.20	\$21.20	\$21.20	\$21.20	\$21.20	\$24.60	\$24.60	\$21.20	\$21.20
Small Group Plan 1-V 1500 Ortho		\$26.34	\$26.34	\$24.76	\$24.76	\$26.34	\$26.34	\$24.76	\$24.76	\$21.34	\$21.34	\$21.34	\$21.34	\$21.34	\$21.34	\$24.76	\$24.76	\$21.34	\$21.34
Small Group Plan 1-V 2000 Ortho		\$26.37	\$26.37	\$24.79	\$24.79	\$26.37	\$26.37	\$24.79	\$24.79	\$21.36	\$21.36	\$21.36	\$21.36	\$21.36	\$21.36	\$24.79	\$24.79	\$21.36	\$21.36
Small Group Plan 3-V 1000		\$25.74	\$25.74	\$24.19	\$24.19	\$25.74	\$25.74	\$24.19	\$24.19	\$20.85	\$20.85	\$20.85	\$20.85	\$20.85	\$20.85	\$24.19	\$24.19	\$20.85	\$20.85
Small Group Plan 3-V 1500		\$25.80	\$25.80	\$24.25	\$24.25	\$25.80	\$25.80	\$24.25	\$24.25	\$20.90	\$20.90	\$20.90	\$20.90	\$20.90	\$20.90	\$24.25	\$24.25	\$20.90	\$20.90
Small Group Plan 3-V 2000		\$25.75	\$25.75	\$24.20	\$24.20	\$25.75	\$25.75	\$24.20	\$24.20	\$20.85	\$20.85	\$20.85	\$20.85	\$20.85	\$20.85	\$24.20	\$24.20	\$20.85	\$20.85
Small Group Plan 3-V 1000 Ortho		\$31.52	\$31.52	\$29.63	\$29.63	\$31.52	\$31.52	\$29.63	\$29.63	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$29.63	\$29.63	\$25.53	\$25.53
Small Group Plan 3-V 1500 Ortho		\$31.58	\$31.58	\$29.69	\$29.69	\$31.58	\$31.58	\$29.69	\$29.69	\$25.58	\$25.58	\$25.58	\$25.58	\$25.58	\$25.58	\$29.69	\$29.69	\$25.58	\$25.58
Small Group Plan 3-V 2000 Ortho		\$31.52	\$31.52	\$29.63	\$29.63	\$31.52	\$31.52	\$29.63	\$29.63	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$29.63	\$29.63	\$25.53	\$25.53
ABP Voluntary Plan Option 2		\$31.52	\$31.52	\$29.63	\$29.63	\$31.52	\$31.52	\$29.63	\$29.63	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$25.53	\$29.63	\$29.63	\$25.53	\$25.53
ABP Voluntary Plan Option 4		\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62	\$23.62
ABP Voluntary Plan Option 5		\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19	\$21.19
Beta Health Plan A		\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23	\$24.23
Beta Health Plan B		\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02	\$27.02
Beta Health Plan C		\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93
Beta Health Plan D		\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93
Beta Health Plan E		\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93	\$28.93
Beta Health Plan F		\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93	\$25.93
Beta Health Plan A Ortho		\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86	\$28.86
Beta Health Plan B Ortho		\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67	\$31.67
Beta Health Plan C Ortho		\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91
Beta Health Plan D Ortho		\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39
Beta Health Plan E Ortho		\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91	\$33.91
Beta Health Plan F Ortho		\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39	\$30.39
Patient Freedom Option 2		\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90
Patient Freedom Option 3		\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49
Patient Freedom Option 4		\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90
Patient Freedom Option 5		\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49
Patient Freedom Option 7		\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90
Patient Freedom Option 8		\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49	\$28.49
Patient Freedom Option 9		\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.90	\$24.9											

Off Exchange Company/ Plan	Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 East		Rating Area 9 West	
	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
EHB High PPO	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97	\$14.97
Low																		
EHB Low Passive	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17	\$28.17
EHB Low PPO	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19	\$30.19
Renaissance Life & Health Insurance Company of America																		
High																		
Renaissance Group Dental PPO, EHB Certified	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91
Low																		
Renaissance Group Dental PPO, EHB Certified	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19
Rocky Mountain Hospital and Medical Service (Anthem)																		
High																		
Anthem Dental Family Enhanced	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53	\$26.53
Low																		
Anthem Dental Pediatric	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63	\$17.63
Anthem Dental Family	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22	\$17.22
Standard Insurance Company																		
High																		
EHB High Passive	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28	\$30.28
EHB High PPO	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25	\$28.25
Low																		
EHB Low Passive	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01	\$15.01
EHB Low PPO	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20	\$12.20
The Guardian Life Insurance Company of America																		
High																		
Guardian Pediatric Advantage	\$31.83	\$31.83	\$31.89	\$31.89	\$31.45	\$31.45	\$29.10	\$29.10	\$29.72	\$29.72	\$29.10	\$29.10	\$29.72	\$29.72	\$29.80	\$29.80	\$29.51	\$29.51
Low																		
Guardian Pediatric Essentials	\$23.18	\$23.18	\$23.23	\$23.23	\$22.88	\$22.88	\$21.02	\$21.02	\$21.51	\$21.51	\$21.02	\$21.02	\$21.51	\$21.51	\$21.57	\$21.57	\$21.34	\$21.34

Stand-Alone Dental Insurance Premiums Approved for Plans in 2015
 COLORADO DIVISION OF INSURANCE
 For a 40 Year Old Individual

Market: Small Group
 Age: 40 year old

Off Exchange Company/ Plan	Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 East		Rating Area 9 West	
	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Ace American Insurance Company																		
High																		
PPO MAC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Low																		
PPO MAC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ameritas Life Insurance Corp																		
High																		
EHB High Passive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB High PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Low																		
EHB Low Passive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB Low PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Companion Life Insurance Company																		
High																		
Group Pediatric Dental EHB Rider	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00
Group Pediatric Dental EHB Policy	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00
Low																		
Group Pediatric Dental EHB Rider	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00	\$28.00
Group Pediatric Dental EHB Policy	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00	\$36.00
Delta Dental of Colorado																		
High																		
Small Group Plan 1-C 1000	\$31.75	\$31.75	\$29.85	\$29.85	\$31.75	\$31.75	\$29.85	\$29.85	\$25.72	\$25.72	\$25.72	\$25.72	\$25.72	\$25.72	\$25.72	\$29.85	\$29.85	\$25.72
Small Group Plan 1-C 1500	\$34.12	\$34.12	\$32.07	\$32.07	\$34.12	\$34.12	\$32.07	\$32.07	\$27.64	\$27.64	\$27.64	\$27.64	\$27.64	\$27.64	\$27.64	\$32.07	\$32.07	\$27.64
Small Group Plan 1-C 2000	\$34.79	\$34.79	\$32.70	\$32.70	\$34.79	\$34.79	\$32.70	\$32.70	\$28.18	\$28.18	\$28.18	\$28.18	\$28.18	\$28.18	\$28.18	\$32.70	\$32.70	\$28.18
Small Group Plan 1-C 1000 Ortho	\$31.75	\$31.75	\$29.85	\$29.85	\$31.75	\$31.75	\$29.85	\$29.85	\$25.72	\$25.72	\$25.72	\$25.72	\$25.72	\$25.72	\$25.72	\$29.85	\$29.85	\$25.72
Small Group Plan 1-C 1500 Ortho	\$34.12	\$34.12	\$32.07	\$32.07	\$34.12	\$34.12	\$32.07	\$32.07	\$27.64	\$27.64	\$27.64	\$27.64	\$27.64	\$27.64	\$27.64	\$32.07	\$32.07	\$27.64
Small Group Plan 1-C 2000 Ortho	\$34.79	\$34.79	\$32.70	\$32.70	\$34.79	\$34.79	\$32.70	\$32.70	\$28.18	\$28.18	\$28.18	\$28.18	\$28.18	\$28.18	\$28.18	\$32.70	\$32.70	\$28.18
Small Group Plan 3-C 1000	\$40.02	\$40.02	\$37.62	\$37.62	\$40.02	\$40.02	\$37.62	\$37.62	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$37.62	\$37.62	\$32.42
Small Group Plan 3-C 1500	\$43.01	\$43.01	\$40.43	\$40.43	\$43.01	\$43.01	\$40.43	\$40.43	\$34.84	\$34.84	\$34.84	\$34.84	\$34.84	\$34.84	\$34.84	\$40.43	\$40.43	\$34.84
Small Group Plan 3-C 2000	\$43.86	\$43.86	\$41.23	\$41.23	\$43.86	\$43.86	\$41.23	\$41.23	\$35.53	\$35.53	\$35.53	\$35.53	\$35.53	\$35.53	\$35.53	\$41.23	\$41.23	\$35.53
Small Group Plan 3-C 1000 Ortho	\$40.02	\$40.02	\$37.62	\$37.62	\$40.02	\$40.02	\$37.62	\$37.62	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$32.42	\$37.62	\$37.62	\$32.42
Small Group Plan 3-C 1500 Ortho	\$43.01	\$43.01	\$40.43	\$40.43	\$43.01	\$43.01	\$40.43	\$40.43	\$34.84	\$34.84	\$34.84	\$34.84	\$34.84	\$34.84	\$34.84	\$40.43	\$40.43	\$34.84
Small Group Plan 3-C 2000 Ortho	\$43.86	\$43.86	\$41.23	\$41.23	\$43.86	\$43.86	\$41.23	\$41.23	\$35.53	\$35.53	\$35.53	\$35.53	\$35.53	\$35.53	\$35.53	\$41.23	\$41.23	\$35.53
Small Group Plan 1-V 1000	\$27.49	\$27.49	\$25.84	\$25.84	\$27.49	\$27.49	\$25.84	\$25.84	\$22.27	\$22.27	\$22.27	\$22.27	\$22.27	\$22.27	\$22.27	\$25.84	\$25.84	\$22.27
Small Group Plan 1-V 1500	\$29.53	\$29.53	\$27.76	\$27.76	\$29.53	\$29.53	\$27.76	\$27.76	\$23.92	\$23.92	\$23.92	\$23.92	\$23.92	\$23.92	\$23.92	\$27.76	\$27.76	\$23.92
Small Group Plan 1-V 2000	\$30.10	\$30.10	\$28.29	\$28.29	\$30.10	\$30.10	\$28.29	\$28.29	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$28.29	\$28.29	\$24.38
Small Group Plan 1-V 1000 Ortho	\$27.49	\$27.49	\$25.84	\$25.84	\$27.49	\$27.49	\$25.84	\$25.84	\$22.27	\$22.27	\$22.27	\$22.27	\$22.27	\$22.27	\$22.27	\$25.84	\$25.84	\$22.27
Small Group Plan 1-V 1500 Ortho	\$29.53	\$29.53	\$27.76	\$27.76	\$29.53	\$29.53	\$27.76	\$27.76	\$23.92	\$23.92	\$23.92	\$23.92	\$23.92	\$23.92	\$23.92	\$27.76	\$27.76	\$23.92
Small Group Plan 1-V 2000 Ortho	\$30.10	\$30.10	\$28.29	\$28.29	\$30.10	\$30.10	\$28.29	\$28.29	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$28.29	\$28.29	\$24.38
Small Group Plan 3-V 1000	\$31.73	\$31.73	\$29.83	\$29.83	\$31.73	\$31.73	\$29.83	\$29.83	\$25.70	\$25.70	\$25.70	\$25.70	\$25.70	\$25.70	\$25.70	\$29.83	\$29.83	\$25.70
Small Group Plan 3-V 1500	\$34.08	\$34.08	\$32.04	\$32.04	\$34.08	\$34.08	\$32.04	\$32.04	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$32.04	\$32.04	\$27.60
Small Group Plan 3-V 2000	\$34.75	\$34.75	\$32.67	\$32.67	\$34.75	\$34.75	\$32.67	\$32.67	\$28.15	\$28.15	\$28.15	\$28.15	\$28.15	\$28.15	\$28.15	\$32.67	\$32.67	\$28.15
Small Group Plan 3-V 1000 Ortho	\$31.73	\$31.73	\$29.83	\$29.83	\$31.73	\$31.73	\$29.83	\$29.83	\$25.70	\$25.70	\$25.70	\$25.70	\$25.70	\$25.70	\$25.70	\$29.83	\$29.83	\$25.70
Small Group Plan 3-V 1500 Ortho	\$34.08	\$34.08	\$32.04	\$32.04	\$34.08	\$34.08	\$32.04	\$32.04	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$27.60	\$32.04	\$32.04	\$27.60
Small Group Plan 3-V 2000 Ortho	\$34.75	\$34.75	\$32.67	\$32.67	\$34.75	\$34.75	\$32.67	\$32.67	\$28.15	\$28.15	\$28.15	\$28.15	\$28.15	\$28.15	\$28.15	\$32.67	\$32.67	\$28.15
ABP Voluntary Plan Option 2	\$34.75	\$34.75	\$32.67	\$32.67	\$34.75	\$34.75	\$32.67	\$32.67	\$28.15	\$28.15	\$28.15	\$28.15	\$28.15	\$28.15	\$28.15	\$32.67	\$32.67	\$28.15
ABP Voluntary Plan Option 4	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49	\$31.49
ABP Voluntary Plan Option 5	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90	\$23.90
Beta Health Plan A	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63	\$32.63
Beta Health Plan B	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51	\$36.51
Beta Health Plan C	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09
Beta Health Plan D	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05
Beta Health Plan E	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09	\$39.09
Beta Health Plan F	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05	\$35.05
Beta Health Plan A Ortho	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62	\$32.62
Beta Health Plan B Ortho	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50
Beta Health Plan C Ortho	\$39.07	\$39.07	\$39.07	\$39.07	\$39.07	\$39												

Market: Small Group
Age: 40 year old (CON'T)

	Rating Area 1 Boulder		Rating Area 2 Colorado Springs		Rating Area 3 Denver		Rating Area 4 Fort Collins		Rating Area 5 Grand Junction		Rating Area 6 Greeley		Rating Area 7 Pueblo		Rating Area 8 East		Rating Area 9 West	
Off Exchange Company/ Plan	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
EHB High PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Low																		
EHB Low Passive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB Low PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Renaissance Life & Health Insurance Company of America																		
High																		
Renaissance Group Dental PPO, EHB Certified	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91	\$31.91
Low																		
Renaissance Group Dental PPO, EHB Certified	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19	\$25.19
Rocky Mountain Hospital and Medical Service (Anthem)																		
High																		
Anthem Dental Family Enhanced	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47	\$39.47
Low																		
Anthem Dental Pediatric	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50
Anthem Dental Family	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73	\$25.73
Standard Insurance Company																		
High																		
EHB High Passive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB High PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Low																		
EHB Low Passive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB Low PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
The Guardian Life Insurance Company of America																		
High																		
Guardian Pediatric Advantage	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99
Low																		
Guardian Pediatric Essentials	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99	\$99.99

Stand-Alone Dental Insurance Premiums Approved for Plans in 2015
COLORADO DIVISION OF INSURANCE
For Individuals Regardless of Age

	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 6		Rating Area 7		Rating Area 8		Rating Area 9	
	Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Greeley		Pueblo		East		West	
Company/ Plan	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Kansas City Life Insurance Company																		
High																		
KCL EHB High MAC	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59	44.59
KCL EHB High PPO	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87	52.87
KCL Fam High MAC	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70
KCL Fam High PPO	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25
Low																		
KCL EHB Low MAC	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93	34.93
KCL EHB Low PPO	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21	42.21
KCL Fam Low MAC	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70	34.70
KCL Fam Low PPO	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25	39.25
Security Life Insurance Company of America																		
High																		
Plan 1. Passive PPO, \$1000 Annual Maximum, no Ortho	42.44	42.44	42.44	42.44	42.44	42.44	40.42	40.42	36.38	36.38	38.40	38.40	36.38	36.38	36.38	36.38	36.38	36.38
Plan 10. Graded MAC PPO, \$1000 Annual Maximum, no Ortho	25.32	25.32	25.32	25.32	25.32	25.32	24.11	24.11	21.70	21.70	22.91	22.91	21.70	21.70	21.70	21.70	21.70	21.70
Plan 2. Passive PPO, \$1000 Annual Maximum, Ortho	42.44	42.44	42.44	42.44	42.44	42.44	40.42	40.42	36.38	36.38	38.40	38.40	36.38	36.38	36.38	36.38	36.38	36.38
Plan 3. Passive PPO, \$1500 Annual Maximum, no Ortho	47.76	47.76	47.76	47.76	47.76	47.76	45.49	45.49	40.94	40.94	43.21	43.21	40.94	40.94	40.94	40.94	40.94	40.94
Plan 4. Passive PPO, \$1500 Annual Maximum, Ortho	47.76	47.76	47.76	47.76	47.76	47.76	45.49	45.49	40.94	40.94	43.21	43.21	40.94	40.94	40.94	40.94	40.94	40.94
Plan 5. Passive PPO, \$2000 Annual Maximum, Ortho	49.00	49.00	49.00	49.00	49.00	49.00	46.67	46.67	42.00	42.00	44.34	44.34	42.00	42.00	42.00	42.00	42.00	42.00
Plan 6. Graded Passive PPO, \$1500 Annual Maximum, no Ortho	36.78	36.78	36.78	36.78	36.78	36.78	35.03	35.03	31.52	31.52	33.27	33.27	31.52	31.52	31.52	31.52	31.52	31.52
Plan 7. Graded Passive PPO, \$1000 Annual Maximum, Ortho	36.78	36.78	36.78	36.78	36.78	36.78	35.03	35.03	31.52	31.52	33.27	33.27	31.52	31.52	31.52	31.52	31.52	31.52
Plan 8. MAC PPO, \$1000 Annual Maximum, no Ortho	31.06	31.06	31.06	31.06	31.06	31.06	29.58	29.58	26.62	26.62	28.10	28.10	26.62	26.62	26.62	26.62	26.62	26.62
Plan 9. MAC PPO, \$1500 Annual Maximum, Ortho	34.91	34.91	34.91	34.91	34.91	34.91	33.25	33.25	29.93	29.93	31.59	31.59	29.93	29.93	29.93	29.93	29.93	29.93
The Lincoln National Life Insurance Company																		
High																		
Lincoln Dental Connect®	32.20	40.10	32.20	40.10	32.20	40.10	32.20	40.10	32.20	40.10	32.20	40.10	32.20	40.10	32.20	40.10	32.20	40.10
Low																		
Lincoln Dental Connect®	23.93	30.40	23.93	30.40	23.93	30.40	23.93	30.40	23.93	30.40	23.93	30.40	23.93	30.40	23.93	30.40	23.93	30.40
Union Security Insurance Company																		
High																		
Assurant Dental ACAFFO High	56.12	56.12	50.94	50.94	55.81	55.81	50.33	50.33	53.53	53.53	50.33	50.33	53.83	53.83	54.16	54.16	54.72	54.72
Low																		
Assurant Dental ACAFFO Low	56.30	56.30	51.12	51.12	55.99	55.99	50.52	50.52	53.72	53.72	50.52	50.52	53.99	53.99	54.35	54.35	54.89	54.89